

# Out Of The *Blue*



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By Heather Umbach, M.S.

# Domestic Violence



## Domestic violence accounts for

about 33% of 911 calls\*. These can be some of the most time consuming and difficult calls an officer will encounter, for a number of reasons. Officers often express that DV (or Intimate Partner Violence) calls can be heart wrenching; often, they feel at a loss to intervene in an effective way. Due to state laws, they may feel their “hands are tied”. On the other hand, these calls can be very frustrating, in that Officers may be called to the same addresses again and again, making their efforts feel futile and wasted. DV calls are also dangerous. They can be volatile, and turn violent or even deadly in a heartbeat. Finally, DV calls can be mind-boggling, seemingly illogical. In what other crime do you have the victim and perpetrator go home together to the same house after all the arrests and police reports are done? Unlike other crimes, in domestic disputes, the relationship between the victim and perpetrator often continues after the crime has occurred and been reported.

**“Leaving is a Process, not an Event...”**

-Randa Hager, Hope House

This sense of frustration is shared among Law Enforcement Officers, Emergency Department staff, EMT’s, and even mental health workers. It is not uncommon for First Responders to see the same victim on multiple occasions, despite the resources or help that has been offered. Most First Responders can cite several examples where they arranged for shelter, engaged in months of therapy, made arrangements for children, pets, housing, financial support, only to see a victim return to her abuser. According to Claudia Prado, M.A., “Statistically, a woman will be abused in a relationship 7 times before she calls the police.

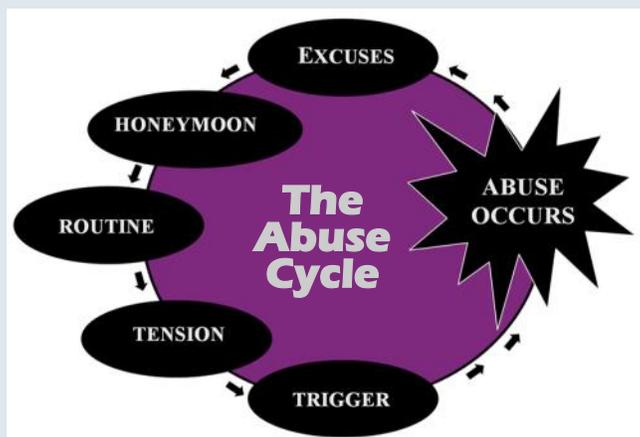
Lisa Peacock, LSCSW is a therapist who has worked with victims of IPV for 4 years at Rose Brooks DV shelter and 4 years in private practice. She offers some explanation of this phenomenon:

“Many women [in abusive relationships] *want* to leave. But leaving an abuser is not simple; it

can be overwhelming and terrifying. Most victims need *a lot* of support from family, friends, and their community [to make the break with their abuser]. Often, [because of the amount of work, effort, and money required to leave], it seems ‘easier’ to stay.”

Another factor is that for most people involved in an abusive relationship, this is “nothing new”. Claudia Prado has 4 ½ years’ experience working as an advocate in both shelters and courts, and has worked with at least 350 women. She reports that of those 350 victims, “not a single one of them did NOT have a history of child abuse or some kind of severe trauma. More than likely, [DV victims] have such a long history of victimization or exposure to violence, that it’s ‘normal’”. This normalization of violent behavior desensitizes victims to abuse, to the point they experience it as “part of life”, often not recognizing it as abuse, or criminal behavior.

Victims may have mixed feelings about ending the relationship for other reasons. “Most victims wanted things to be different,” Lisa Peacock says. “They may still love their abuser, and harbor hopes that he will change.” According to Claudia Prado, “All [of the women I have worked with] had a deep, deep desire and endless well



of hope that he would change, and they would have a healthy, happy home.” This is a very strong desire and hope for most abuse victims, and to leave their abuser, they are in effect giving up a dream. So essentially, they are not just looking at walking away from someone who abuses them and hurts them; they are walking away from a deep-seated hope and a dream that has inspired them to stay for this long.

### Contributors:

**Lisa Peacock, LSCSW**

Burke Counseling and Consulting

~Lisa is a therapist who has worked with domestic violence victims in shelter at Rose Brooks Center, and in private practice

**Claudia Prado, M.A.**

Mental Health Court Monitor

ReDiscover

~Claudia has worked as an advocate at Hope House Domestic Violence shelter and in the courts.

**Elizabeth Stanford, M.S.**

QMHP, ReDiscover

~Elizabeth works as an advocate at Hope House Domestic Violence Shelter.

# Out of the Blue

Financial dependence and lack of support, combined with these factors, lead many victims to stay in abusive relationships. This in turn leads to recurrent acts of abuse and repeated 911 calls.

Despite the challenges, First Responders are often the catalyst for change. Whether it's the immediate assistance they provide by escorting a victim to a shelter, or the seeds they plant when they leave hotline numbers for when the victim is ready for change, law enforcement can be a key to breaking the cycle of abuse. One abuse survivor, who chose to remain anonymous, said, "When I was living with my abuser, part of me believed that I deserved to be hit, kicked, screamed at. Then once, when a neighbor called the police, the officer who responded treated me with patience, and for the first time I felt like it was maybe NOT my fault. That was one of the things that made me finally realize I did deserve better." Claudia Prado reports she has heard this many times. She reports, "I once was working with a woman whose husband had unplugged the wire to her car's battery. The responding officer reconnected her car battery so



she could leave. Months later, this woman said that she knew she would never go back when she saw that the police really did care about her safety."

Domestic Violence advocates urge First Responders to not get discouraged.

"Unlike other calls, your efforts may not be realized until weeks, months, even years down the line. The victim you see on a call may not be ready to leave the situation YET. She may be too frightened to press charges. Or she may be holding on to the hope that things will change, and she doesn't HAVE to move, uproot her children, leave her financial security. But....The things you say to her now are like seeds, that may take root, and may become very important over time. You never know when a victim will reach into her purse and dig out that card you gave her, or remember the referrals you provided, or just remember the words you said when you told her she had options." Elizabeth Stanford, M.S., Hope House Victim Advocate, emphasizes, "The key is to build a sense of safety and rapport. Validate them and let them know you are there to help." Claudia adds, "Please don't ever discount the little things you do to help others."

## Who is a "Victim"?

**85%** of victims are female. But the percentage of male victims seems to be rising, with some statistics suggesting as high as 40% of victims being male.\*

**84%** of victims have a history of trauma, including childhood physical or sexual abuse, or witnessing violence in their home. Some studies suggest this may be higher.\* Victims may be "desensitized" to violence, accept violent behavior as "normal", or have low self esteem that leads them to feel they "deserve" to be mistreated.

**30-90%** of victims have a mental health diagnosis.\* Many abusers gravitate towards those who are vulnerable. Many victims develop diagnosable mental health issues such as depression or anxiety as a result of ongoing trauma and abuse.

**42%** of victims use alcohol or drugs.\* Victims may use substances to self-medicate physical or emotional pain, or to escape reality. Many victims will use the abusers drug of choice with them in an effort to "get along" and identify with their abuser.

Though about 90% of domestic violence victims are female, violence against men is growing more common. Lisa Peacock says it is important to dispel the myth that intimate partner violence only affects women. "I saw a senior citizen in the ED who was diagnosed with dementia. His wife had been pushing him down and hitting him. When confronted, she said she was victimizing him in retaliation for the abuse he had inflicted on her when they were younger."

**B O L O**

**BE ON THE LOOKOUT**

**ON THE DOCKET**



Judge Courtney A. Wachal

**Kansas City Municipal Court Division 203** has pri-

mary jurisdiction over all domestic violence cases filed in the City of Kansas City. The docket meets Monday through Friday at 9:00 a.m. in E courtroom. Cases are designated as domestic violence if they occur between intimate partners or family members. Charges include assault, violation of protective order, property damage, harassment, or any other crimes alleged between parties that are intimate partners or family members.

Defendants placed on the compliance docket are on supervised probation. They meet as needed with a probation officer that monitors their conditions of probation, to include but not limited to completion of batterer's intervention classes, completion of substance abuse counseling, no or limited contact with the victim as court ordered, and compliance with mental health treatment. The compliance docket meets every Thursday at 2:30 p.m.

In addition to the compliance docket, the Court is currently trying to apprehend the most serious offenders with cases in warrant status by utilizing a specifically designated warrant squad. The Court is also working within the community to build partnerships to successfully address the trauma experienced by both victims and defendants in the court, and stop the cycle of violence.

*The Kansas City Municipal Court strives to continue to improve the community by effectively working with offenders to stop their criminal behavior and keep victims safe.*

Submitted By Courtney A Wachal

**OPENING**  
**July 1, 2016**

**KANSAS CITY ASSESSMENT AND TRIAGE CENTER**

The City of Kansas City, led by Mayor Pro-Tem, Scott Wagner, and Kansas City's Municipal Court, led by the efforts of Judge Joseph Locascio, has recently obtained funding to create a 16-slot Kansas City Assessment and Triage Center (KC-ATC).



KC-ATC will be located on 12th and Prospect in Kansas City, Missouri

The Missouri Hospital Association (MHA) generated three-year trend data that shows KC area hospital emergency rooms experience over 8,000 visits per year from patients who suffer from substance use issues and over 9,000 visits per year from clients who suffer from severe and persistent mental illness. These frequent visits unnecessarily clog the emergency departments.

The KC-ATC will help to address this issue by providing a place for stabilization, triage and assessment and a warm transfer to the appropriate level of outpatient or residential care. The KC-ATC will work with community partners to establish warm transfers to current community resources. Without access to these services, the KC-ATC will function not unlike emergency rooms, as a revolving door. Efforts are being made to ensure that this does not happen.

The City of Kansas City issued a Request for Qualification (RFQ) in November 2015 for applicants to apply to be the lead agency for the KC-ATC. Rediscover, whose administrative offices are located in Lee's Summit, MO, responded and was selected as the KC-ATC lead agency. Both a Policy Board and an Advisory Committee have been established to assist ReDiscover in implementing and achieving the goals of the KC-ATC.

Submitted By Lauren Moyer, LSCSW, LCSW



## OFFICER KATE TIPTON

**"I became a police officer because I have had a desire to help people since I was young. I have made it a goal in my career to provide the best service to the consumers and their families because the challenges faced with receiving quality and long term assistance are monumental. "**

*Kate Tipton*

**Kate Tipton, Assistant CIT Officer** is a 10 year veteran of the Blue Springs Police Department. Kate was recently awarded the Blue Springs Crisis Intervention Officer of the Year. The award is sponsored and presented by the National Alliance on Mental Illness (NAMI) of greater Kansas City. Kate has an amazing passion for helping people in crisis and the knowledge to get them a positive resolution to their situation. Sergeant Matt McLaughlin of Blue Springs tells us that "This year alone she has talked people down from committing suicide, assisted in getting several probate warrants, and worked to get people guardianship or a group home when it was needed."



Kate shares her experience as a CIT Officer and the importance it has had in her career, "A large portion of all calls for service involve people who suffer from mental illness. Families who contact the police in regard to their family member going into a crisis need police service outside of the traditional legal framework of law enforcement."

Kate is considered a leader within her department, "She is my right hand when it comes to

assisting officers in getting a resolution to consumer's problem." says Sgt. Matt McLaughlin. When an officer feels the consumer has needs that go beyond the standards of a traditional CIT call for service, or when an officer encounters a roadblock, Kate is looked to for creative problem solving.

The Crisis Department at Comprehensive Mental Health Services (CMHS) also works closely with Kate. Michelle Asby, CMHL at CMHS shares, "I enjoy going on calls with Kate because her work is about the people, and getting them what they need. She balances being a team player and a leader with integrity; it's a pleasure to work in the field with her."

Kate Tipton's work ethic and compassion for others goes above and beyond. She recently purchased door alarms for a local family to provide extra security for their three autistic children who often wonder away from home. Her training includes: Basic, Advanced, Veteran, and Youth Crisis Intervention Training. Prior to enrolling into the Blue River Police Academy she went to Missouri Valley College. Kate is originally from Lawson, Missouri.

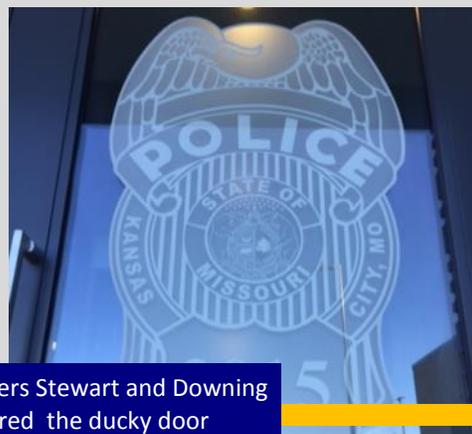
## AGENCY SPOTLIGHT: KCPD's East Patrol



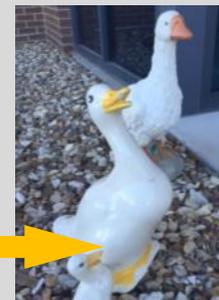
**Recently**, the officers of KCPD's East Patrol have been enjoying their new \$74 million dollar facility. *The Leon Mercer Jordan East Patrol Campus*, located at 27<sup>th</sup> and Prospect Ave, is named after a 1950's black detective who was also a pioneering political and civil rights activist. Some of the new amenities that will be open to the community are a computer lab, a gymnasium, and a community room. One of the goals of the department is to use these facilities to better integrate with the community and to build and strengthen local partnerships.

This includes the CIT Program. "I have enjoyed learning about CIT as it has helped me make connections I may not have otherwise made. It has also enabled me to better help the community", says Sergeant Tammy Payne. The department now has over 400 people trained in

CIT and it hopes to add more soon. Officers have been collaborating with local CMHL's to help link EDP's with the help and resources they need. It's just another example of going the extra mile and why we are so proud of our men and women in blue! Thank you KCPD East Patrol!



Officers Stewart and Downing ensured the ducky door greeters made the move!



## KCVA's Intimate Partner Violence Assistance Program

By Karlene Newsom, LCSW

**THE** VA cares about Veterans affected by Domestic Violence (DV) and Intimate Partner Violence (IPV). We recognize the impact IPV has on Veterans, family members, and Caregivers. To help Veterans and their families affected by IPV, the VA launched a National Intimate Partner Violence Assistance Program. In May 2012, the VA chartered the DV/IPV Task Force to develop a national program. The VA *Plan for Implementation of the DV/IPV Assistance Program* was finalized December 2013 and includes 14 recommendations. Implementation of the plan across the VA will expand screening, prevention, and intervention to Veterans and will strengthen partnerships with community providers/resources. The mission of the program is to implement a comprehensive person-centered, recovery oriented assistance program for Veterans, their families

and Caregivers and VA employees who use or experience intimate partner violence.

In June 2015, the Kansas City VA Medical Center became one of six pilot sites for implementing the IPV Assistance Program. The KCVA now has a full time IPV Assistance Program Coordinator, Karlene Newsom, LCSW LSCSW, to assist veterans and their families. The program has been implemented in two phases at the KCVA. The first phase addressed veterans that experience violence. We have implemented the utilization of EHITS and Danger Assessment screening tools for all female veterans to better screen for those experiencing IPV. In addition, we have developed a mechanism for referral for further IPV assistance regarding safety planning, housing, legal assistance, and all other identified needs of the veteran. We are able to provide timely coordination of care and case management as

needed. The KCVA also has visible resources regarding IPV Assistance in all clinical areas throughout the hospital.

The second phase of the KCVA IPV Assistance Program was to implement and facilitate a veteran specific treatment option for veterans that use violence in their relationship(s). In October 2015, KCVA clinicians were trained in

Strength at Home. SAH was created by Dr. Casey Taft and his team at the Boston VA. It is a trauma informed, cognitive behavioral group treatment model shown to be effective with veterans that use violence in their relationships. SAH is a 12-week program with weekly 2-hour groups. The program targets social information processing deficits that are associated with IPV and that may be particularly elevated in veterans. Each session contains brief instructional material, group activities to discuss, learn, and practice new behaviors, and flexible time to solve ongoing problems, explore change efforts, and build group cohesion. The SAH model requires an intake process, and incorporates attempt to contact partners to offer resources and assistance as needed. If you have a veteran you believe would benefit from this program, or would like further information please contact **Karlene Newsom**

**IPV Assistance Program Coordinator at:**

**816-832-9470** or

[Karlene.newsom@va.gov](mailto:Karlene.newsom@va.gov)

### Veterans Justice Outreach Coordinators:

#### **Kelly McDaniel, LCSW**

Phone: 816-881-47000 ext 56463

Cell: 816-835-0119

Email: [Kelly.mcdaniel@va.gov](mailto:Kelly.mcdaniel@va.gov)

#### **Michele Parsons, LCSW**

Phone: 816-881-4700 ext 56639

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## **Surviving Secondary Trauma:**

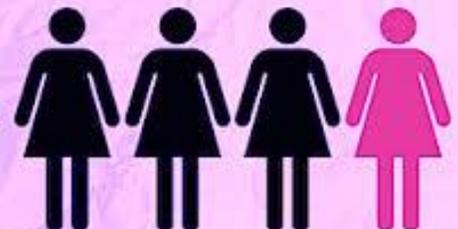
There are several classes offered each month. To sign up, email Cara Vellar at:

**[Cara.vellar@kcpd.org](mailto:Cara.vellar@kcpd.org)**

Or call: **816-413-3535**



Nationally, 1 in every 4 women will experience domestic violence in her lifetime.



Kansas City Metro Domestic Violence Hotline:

**816-HOTLINE (468-5463)**

## ACI Mental Health Crisis Hotline

**1-888-279-8188**

24/7 Access Confidential Next Day Appointments  
Multilingual

Access intervention Crisis

(Serving Jackson, Clay, Platte, and Ray Counties)

## Pathways ACI Crisis Hotline:

**BHR- 1-800-833-3915**

(Serving Cass, Johnson, and Lafayette Counties)

## 2016 CIT TRAINING SCHEDULE:

### BASIC CIT CLASS:

March 7-11—Lee's Summit Police Department  
(Training Room)

June 13-17—Independence Police Department  
(Community Room)

September 12-16—KCPD Academy (Room #303)

December 5-9—KCPD Academy (Room #303)

### CIT YOUTH:

October 17-19—KCPD Academy  
(Room #303)

### CIT VET:

July 18-21—KCPD Academy  
(Room #303)

### CIT-TELECOMMUNICATIONS:

May 11-13—KCPD Academy  
(Room #303)

November 7-9—KCPD Academy  
(Room #303)



Tri-County  
**HEART AND SOLE**  
5th Annual 5K Run/Walk

Helping Northland Youth

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Happy Rock Park  
Gladstone, MO

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# Liaison Lookout

## LIAISON LIST

### LIFE OF A CIT REPORT

CMHL's rely on law enforcement officers (LEO) to engage consumers in our communities to access mental health services. Law enforcement are often the first responders to those in a mental health crisis. The CIT report is the first step in linking consumers who are in need of a mental health professional. Here is a simple breakdown of just how important a CIT report is, and its impact on the community.

#### Person in Crisis



EDP calls 911



While at the scene LEO determines  
This EDP needs additional help!!

CIT



#### CONNECTS!

CIT Reports becomes the lifeline connecting the consumer to a mental health professional and behavioral health services.



LEO is encouraged to submit a CIT report with detailed account of the consumer/incident

CIT Coordinator of police department submits Report to appropriate CMHL (see sidebar)

CMHL reviews CIT report and contacts the Consumer, family member, or treatment team



CMHL provides immediate support, case management, crisis counseling, and referrals



CMHL connects consumer with mental health agency in their area and other resources as needed.



CIT

#### IMPACTS

Data from CIT reports are reported to Department of Mental Health to influence policy and systemic changes! affecting mental health access and support.

#### Peggy Gorenflo MSW

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